If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
183				
Other contributory causes of importance:		Other contributory causes of importance:	CEPT.	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			112	

V. S. No. 1

STATE	OF	MARYI	AND-CE	ERTIFIC	ATF	OF	DEATH
SIMIL	O1	MINICIE	WIND OF				

- 0	0	6.		4
1	- 1	14	7	4
	di	W	1	II.

1. PLACE OF DEATH	210-77
County Harford	Registration Dist. No. 155
Village or City & Carry de Grace	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 5 ys	s/
2. FULL NAME James Angelice	,
(a) Residence. No. Same de (Graen)	Nost., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	30 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
(ii) WIFE 01	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) Qct 15=19.32.	I lest saw h alive on ; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
5- / / / lday,hrs.	THE PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, Rocce, SAWYER, BDDKKEEPER, etc.	Broken new Andin
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc, 9. Indéstry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	stuer.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
V d 21	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) The Control of	
I 13. NAME Orlando Orgeliele.	
13. NAME Orlando Chrigeline. 14. BIRTHPLACE (city or town).	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helen Therender 16. BIRTHPLACE (city or town) Baltimake	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Saftunge	Accident, soiside, or homicige? Well all Dete of Injury 19 37
(State or country)	Where did injury occur? Have du Grace mod (Specify city ar town, county and State)
17. INFORMANT Orlando Ungeliele	Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Have de Silaca pres	Prose + Conta Tayona
18. BURIAL, CREMATION, OR REMOVAL Place Date Prince Law, Date Dec. 2, 1939	Manner of Injury Run wild Willo Fruck
Tieco 1997	Nature of Injury 1999 May 1995 F from 4 1996
19. UNDERTAKER Tenninglows Down	24. Was disease or Injury In any way related to occupation of deceased?
(Address) carrege truce, me	If so, specify the sound of Comes
20. FILED Dld . 1 , 1959 Charles & Stey Mi	(Signed)

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Cerebral hemorrhage	MARCHAUV. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

WRITE PL.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Length of residence In city or town where death occurred death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred in a horpital or institution, give its NAME instead of street and number? Length of residence In city or town where death occurred in a horpital or institution, give its NAME instead of street and number? Length of foreign birth? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution, give its NAME instead of street and number? Length of or institution in the street and number? Length of or institution in the street and number? Length of or institution in the st	1. PLACE OF DEATH	(31)
Village or City. Length of residence in city or town where death occurred. (It death occurred in a horpital or institution, give in NAME instead of street and number). 2. FULL NAME. (a) Residence: No. (b) Residence: No. (c) Residence: No.	County Harbord	Registration Dist. No. 184
Length of residence in city or town where death occurred. John January 15. Months 15. Mo	Village or City Pollesville B.D.	No. St Ward
2. FULL NAME (a) Residence: No. (Usual place of shock) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCES (create the weyld) 5. SI. If married, widowed, or divorced (Or) Wile Color (
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (curier the word) 5.5. If married, widewed, or divorced (or) will E of (word) (Or) will E of (word) 7. AGE 1. Trade, profession, or particular SAWTER, BOUKEEPER, etc. 9. SAVTER, BOUKEEPER, etc. 9. SAWTER, BOUKEEPER, etc. 10. Date of country 10. Date of word or say thick word or say thick work and one supplies (month) and occupation (control to the case of importance) 12. BIRTHPLACE (city or town) 13. SAMMEL ANA, etc. 13. Trade, profession, or particular say thick work and one supplies (month) and occupation (control to the case of importance) 13. NAME 14. BIRTHPLACE (city or town) 15. MADEN NAME 15. MADEN NAME 15. MADEN NAME 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. HORMANT 18. BIRTHPLACE (city or town) 19. Was there an autopay? 19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 18. BIRTHPLACE (city or town) 19. Was disease or injury in eny way related to occupation of deceased? 21. Was disease or injury in eny way related	<i>-</i> , <i>D</i>	sgs. How long in U.S. it of foreign birth!yrsmosds.
Classiples of shode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	2. FULL NAME Canne D, Day	L: If U. S. Veteran, specify WAR.
3. SEX 4. COLOR OR RACE ON DIVORCES (Smitch words) 4. COLOR OR RACE ON DIVORCES (Smitch words) 5. If married, widowed, or divorces (Smitch words) 6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. or min. 8. ANTE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than 1 day, hrs. or min. 8. ANTE OF BIRTH (month, day, and year) 8. BIRTHPLACE (city or patriculars words was done, as SFINNER, SAWYER, BOOKKEPFER, stc years min. 9. Industry or business in which work was done, as SFINNER, SAWYER, BOOKKEPFER, stc years min. 10. Date deceased last worked at min. 11. Total time (years) words as following words as following words as following words		If nonresident give city or town and State
So. If married, widowed, or divorced (Month) So. If ESS then 193.7 (death is set to have occurred on the date stated above, at, m, 150 min. So. OATE OF BIRTH (month, day, and year) So. Signed) So. OATE OF BIRTH (month, day, and year) So. OATE OF BIRTH (month, day, and year) So. OATE OF BIRTH (MEDICAL CERTIFICATE OF DEATH
HUSBAND-of (or) WIEE of 6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months/ Days If LESS than 1 day		7)
6. OATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. 1 ormin. 8. Trada, profassion, or particular wind years of the control of the date stated above, atm., The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: SAW MILL, BANK, etc. 9. Ipdiustry or business in which SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME What test confirmed diegnosis? Was there an autopsy? 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT Address) Date Date Date Date Date The principal Causes of Importance Other Costributory Causes of Importance: Name of operation Name of injury Name of injury Nature of in	HUSBAND of O	
Sample S		
8. Trada, profession, or particular kind of work done as SPINNER, SAWYER, BOURKEPER, etc. 9. Industry or business in which work was done as SILK MILL, SAM, etc. 10. Date deceased last worked at hyper in this occupation (month and year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME Was A Smithson. 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME Many A Smithson. 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (State or country) 18. BURIAL, GERMATION OR RESOUND. Date Dot. 24. 19.7 Maner of injury. Mere did injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Date Dot. 24. 19.7 Nature of injury. Nature of injury	1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Work 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, GREMATIONY OR REMOVAL Place Place Date	6/10 d/ ormin.	THE PRINCIPAL CAUSE OF DEATH and related causes of hipportance
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 11. Total time (years) 15. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (State or country) 18. BURIAL, GREMATIONY OR REMOVAL Place 19. UNDERTAKER 10. Intertaker 10. Intertaker 10. Intertaker 10. Intertaker 10. Intertaker 10. Intertaker 11. Total time (years) 11. Total time (years) 12. Other Costributory Causes of Importance: 11. Total time (years) 12. Other Costributory Causes of Importance: 12. BIRTHPLACE (city or town) 13. MAMIE 14. BIRTHPLACE (city or town) 15. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, GREMATIONY OR REMOVAL Place 19. UNDERTAKER	8. Trada, profession, or particular kind of work done, as SPINNER,	It pulsation Var algels
12. BIRTHPLACE (city or town). Harford Co. (State or country) 13. NAME Won H Smithson. 14. BIRTHPLACE (city or town). Harford Co. (State or country) 15. MAIDEN NAME Mary A Hallowy. (State or country) 16. BIRTHPLACE (city or town). Harford Co. (State or country) 17. INFORMANT. Address) 17. INFORMANT. Address) 18. BURIAL, CREMATION OR REGIONAL Place Whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) 19. UNOERTAKER ALLAGE AND A Market Company C	SAWYER, BOOKKEEPER, etc.	Charles Methode
12. BIRTHPLACE (city or town)	work was dona, as SILK MILL, Anvolud.	
Other Coatribatory Causes of Importance: Other Coatribatory Causes of I	- I spont in this	
(State or country) 13. NAME Work H Smithson. 14. BIRTHPLACE (city or town) Horrord Co (State or country) 15. MAIDEN NAME Mary A Hollowof, (State or country) 16. BIRTHPLACE (city or town) Horrord Co (State or country) 17. INFORMANT Specify city or town, country and State) 18. BURIAL, GREMATION OR REGIONAL Place (Address) 19. UNDERTAKER A Horrord Co (Address) 20. FILEO Mary 2519.37 21. Specify whether injury in eny way related to occupation of deceased? 22. Signed) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homi	year) occupation	Other Coatributary Causes of Importance:
13. NAME Work A Smithson. 14. BIRTHPLACE (city or town) Advisor Co. (Stale or country) 15. MAIDEN NAME Many A Advisor Co. (Stale or country) 16. BIRTHPLACE (city or town) A State Co. (Stale or country) 17. INFORMANT (Address) 18. BURIAL CREMATION OR REGIONAL Place Co. (Address) 19. UNDERTAKER (Address) 20. FILEO Man 25, 1937 6. 1. B. MC Mabb (Signed) 10. Stale Or town) A Smith Co. (Specify city or town, country and State) Co. (Specify city or town, country and State) Co. (Specify city or town, country and State) Co. (Address) 18. BURIAL CREMATION OR REGIONAL Place Co. (Address) 19. UNDERTAKER (Address) 20. FILEO Man 25, 1937 6. 1. B. Mc Mabb (Signed) 19. (Signed) A Address Man 25, 1937 M. M.		
What test confirmed diegnosis? Was there an autopsy? 22 15. MAIDEN NAME Mary Address? 16. BIRTHPLACE (city or town) 2 for for Confirmed diegnosis? Date of Injury, 19 (State or country) Where add injury occur? (Specify city or town, country and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 18. BURIAL, CREMATION OR REGIONAL Date Dor 26, 19 19. UNDERTAKER Address Date Dor 26, 19 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Market Golden of Manner of Injury 19. UNDERTAKER Address Date Manner of Injury 19. UNDERTAKER Date Manner of Injury 19. UND		
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15. MAIDEN NAME Mary A State of Colored Colore	(State or country)	
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Where did injury occur? (Specify city or town, county and State) 17. INFORMANT Address) 18. BURIAL, CREMATION OR REGIONAL Place Address Date Por 26, 19 19. UNDERTAKER Address (Address) 24. Was disease or injury in eny way related to occupation of deceased? 25. FILEO Mar 251937 Menner of Injury (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury 24. Was disease or injury in eny way related to occupation of deceased? (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Specify city or town, county and State) Manner of Injury (Signed)	HE 191 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
17. INFORMANT (Specify city or town, county and State) 18. BURIAL, CREMATION OR REGIONAL Place To get the place of injury 19. UNDERTAKER Author (Addrass) 20. FILEO Native 2519 37 76 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State or country)	
18. BURIAL, CREMATION OR REGIONAL Place To Date Dor, 26, 19 19. UNDERTAKER And Comparison of deceased? (Address) 24. Was disease or injury in eny way related to occupation of deceased? If so, spacify (Signed) (Signed) Manner of Injury Manner of Injury (Signed)	Hal & Bant	(Specify city or town, county and State)
18. BURIAL, CREMATION OR REGIONAL Place For Some Date For 26, 19 7 19. UNDERTAKER And For Some Some Some Some Some Some Some Some		Specify whether injury occurred in INOUSTRI, in HOME, or in Public PLACE.
Place To July Date 107 96, 19 1 Nature of Injury 19. UNOERTAKER Author 24. Was disease or injury In eny way related to occupation of deceased? (Addrass) 20 16 2 37 76 2 37 76 2 37 76 3 37		Manner of Injury
19. UNDERTAKER Author Parkers 24. Was disease or injury In eny way related to occupation of deceased? 20. FILEO New 251937 76. 1. 5. Mc Nabb (Signed) A For Signed M.	Place Holy Cross Date for 26,193	
20, FILEO Now 251937 76. 1. S. Mchabb (Signed) It & Hathings M.		24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. 1 (1111) 19.3 (1111)	1 102 9 11	V - 2 2 17
	20. FILEO. Mars 251937 To . S. Mc nabb Registrar.	

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	EC 0 7891	July 5,1927	Peritonitis	3 days ago	
	V				
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				1	
				1	

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-2	L	V	0	()

1. PLACE OF DEATH	10600
county Hartord Co	Registration Dist. No.
Village or City Near Del Ain XIO	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Greta A Brown	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE FEMAL White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH 22 10 193.7
5e. If marriad, widowad, or divorced	- (Month) (Day) great)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
0,	nov 10 ,1932, to 20 10 ,1932
6. DATE OF BIRTH (month, dey, and yaer) Life 23-1936	I last saw h alive on; death is said
7. AGE Yaars Months Deys If LESS than 1 deyhrs	to have occurred on the data stated abova, at
ormin,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Browlell aslama primar Nov9-3
9. lodustry or business In which	the coused by an ocute bronchetion
work was done, as SILK MILL, SAW MILL, BANK, etc	attacks had regured, at intervals, spring
0 10. Date daceased last worked at 11. Total time (years) this occupetion (month and spent in this	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) 6 deleter	Other Continues Causes of Importance.
(State or country) Proc	
13. NAME June 7 Brown	
13. NAME Turnes F Brown 14. BIRTHPLACE (bity or town) Sruyson lew	Name of oparation Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?_ &a
15. MAIDEN NAME Lucy Ready 16. BIRTHPLACE (city or town) Sangle Re	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Samuel Co	Accidant, suicide, or homicide? Date of Injury, 19
State or country)	Whare did injury occur?
17. INFORMANT James F Brown (Address) Belan ma	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place July Morrow Date Mrs 11 , 19.3;	Nature of injury.
9, 4.10	24. Wes disaase or injury in any way ralated to occupation of decaased?
19. UNDERTAKER CHICAGO BELLOIN MICH.	If so, specify
march STRE Prata don	(Signad) Wellard P. Gudson M.D.
20. FILED. 20. 19/14. Registrar.	(Addrass) Frust Well and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage DEC 3 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important.

MARGIN RESERVED FOR BINDING

1. PLACE OF	DEATH	0		(95-8)		22
County	Harrows	\$			Registration Dist. No	80
Village or City_	Rock	<u> </u>		No.	St	. Ward
Length of residence	a In city or town where	death occurred			ution, give its NAME instead of street of foreign birth?yrs	
	>12we/7/	lates o		11	or rows.	
2. FULL NAME	CO = CO	alson	corpore			
(a) Residence:	No. Roc	(Usual place o	f abode)	St.,Ward.	If nonresident give city or town	n and State
PERSONAL	AND STATIST			MEDICAL C	ERTIFICATE OF DEAT	
3. SEX 4.	COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	nov. 27	, 193
5a. If married, widowed, o	or divorced				(Month) (Day)	(Year)
HUSBAND of (or) WIFE of				22. auf HEREB	Y CERTIFY, That I atte	
6. DATE OF BIRTH (mon	th, day, end year)	eft 25.	1846	I last say han alive on	on 2000 26 10	.; death is said
7. AGE Years	Months	Days •	If LESS than	to have occurred on the dete stat	ed above, at \$4. m.	
91	1	2	l day,hrs.	The PRINCIPAL CAUSE OF DEA were es follows:	TH and related causes of importance	
Z 8. Trede, profession	, or particular	00	1 ,	Oyani	Heart.	Date of onset
SAWYER, BOO	done, as SPINNER, OKKEEPER, etc.	hoe mo	100			
9. Industry or busing work wes don	ness In which ne, es SILK MILL, ANK, etc	a.ta	1-2			
SAW MILL, BA		11. Total tin	ma (vaera)			
this occupatio	in (month and 14 ,	span'	t in this			
1 1001/ 22-22-	Out	oc.u,	patron	Other Contributory Causes of imp	ortance: Bldage.	
12. BIRTHPLACE (city or (State or country)		A CO 214	·	-	voige.	
1	770-900	Par 11	:01			
13. NAME	-16-	Genya				
14. BIRTHPLACE (city	, , , , , , , , , , , , , , , , , , , ,	for a w)	Name of operation	Date	of
(State of cour	itty)	V-T- F		What test confirmed diagnosis?	oursel 17 Was ther	e en au'opsy?
15. MAIDEN NAME	margor	er jace			uses (ViOLENCE) fill in also the foli	
16. BIRTHPLACE (city		your mad	,	Accident, sulcide, or homicide?	Date of Injury	, 19
≥ (Stete or cour	n'ry)	1/0	,	Where did injury occur?	(Specify city or town, county an	d State)
17. INFORMANT 27 Co (Address)	Kocks	met.		Specify whether injury occurred i	in INDÚSTRY, in HOME, or in PÚBLI	C PLACE.
18. BURIAL, CREMATION,	OR REMOVAL	. /	26 35	Manner of injury		
Place	fort es	Date	7,19	Nature of Injury		
19. UNOERTAKER	Shin	A Hon		24. Wes disease or injury in any	way related to occupation of decease	d? 020
(Address)	(Dayse 1/6	rolles	If so, specify	- A	
20. FILED NOT 2	7.,137 Sha	4 PBn	Registrar.	(Signed) 600	Sat 10 m	M. D
			Acgistral.	" (V. 01692)		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SOLA!			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH		(15%-6)	
County Harford,		Registration Dist. No. 185	
Village or City Havre de Gr	aco and	, No	Ward
Langth of residence in city or town where death occurred.	(1f	death occurred in a hospital or institution, give its NAME instead of street and	
	1 ,		люз
2. FULL NAME Algre Legl	ia	If U. S. Veteran, specify WAR	39
(a) Residence: No.	ace of abode)	St., Ward. If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
	ARRIED, WIDOWED,	21. DATE OF DEATH	-
	CED (write the word)	(Month) (Day)	, 193
5a. If married, widowed, or divorced	1	(Month) (Day)	(1661)
HUSBAND of (or) WIFE of	U	22. HEREBY CERTIFY, That I attende	d daceased from
0 11-0	1054	19.4. to 19.4. t.	19.3.7
6. DATE OF BIRTH (month, day, and year) Sefet. 2	0-1731,		death is sald
7. AGE Years Months Days	If LESS than f day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importangle	
1/8	ormin.	were as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER,		Sprow Septa - Tressess	**
SAWYER, BOOKKEEPER, etc.	***************************************		
kind of work dona as SPINNER, SAWYER, BOOKKEEPER, etc	_	the sent best bless to	
10. Data decaasad last worked at this occupation (month and	al tima (yaars)	De la la granditation de la constante de la co	
- tina occupation (month and	occupation	Other Contributory Canses of Importance:	
12. BIRTHPLACE (city or town) Lavrede	Grace_	Other Contributory Canses of Importance:	
(State or country) Marylan	de		
13. NAME Philip Radia			
13. NAME Philipto Raghia 14. BIRTHPLACE (city or town)		Name of operation	
(Stata or country)		What test confirmed diagnosis7 Was there are	autopsy?
15. MAIDEN NAME annie Perh	coupe,	23. If death was due to externel ceuses (VIOLENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)	1	Accident, suicida, or homicida? Data of injury	, 19
(Stata or country)	1.	Whara did Injury occur?	
17. INFORMANT Philip leglis	7	(Specify city or town, county and S Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC I	ate) PLACE
(Address) Have any	cace, mo	4	
18. BURIAL, CREMATION, OR REMOVAL	9/ 27	Mannar of injury	
Place Mt. frinfew Oatano	19.0/4	- Nature of Injury	
19. UNDERTAKER Perunington	Asour.	24. Was diseese or injury in any way related to occupation of deceased?	
(Addrass) Have of by	cace net	If so, specify	·/
20. FILED Cay. 9 1957 Charles	Loleve mis	(Signed) (Signed)	M. D.
	Registrar.	(Address) [gree & XYARO]	1119

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DEC 4 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUNGAU V.	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

For author	ADDITIONAL SP	ACE FOR FURTHER	R STATEMENTS	BY PHYSIC	Penis. 1/11/38
		/		0	
			· · · · · · · · · · · · · · · · · · ·		

ARGIN RESERVED FOR BINDING

County -	farford	STAIN COST	STATE CHITE &	Registration Dist. No.	185
Village or C	. ,	e Luce	e, the.	No. Harford Manual Hasfiel St., death occurred in a horpital or institution, give its NAME instead of street	War
Length of resi	dence in city or town whera	death occurred	yrsmos		mosd:
2. FULL NAI (a) Residen	CHI	(Usual place	G.D. 2	If U. S. Veteran, specify WAR	and State
PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATI	
SEX Male	4. COLOR OR RACE	5. SINGLE, MA	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH AND 232	1937
. If merried, widow	ed or divorced	1 1120	· ·	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	Mrs. Cerrie	10.0	seal.	22. WHEREBY CERTIFY, That I atten	ded deceased fro
DATE OF BIRTH	month, day, end yaar)	lept. 5	1869	I last saw h last alive on Art 72 72 , 19	2.7.; death is sa
AGE Yee		Deys	If LESS than	to have occurred on the data stated abova, at. 6 - 4 - m.	
6.	8 2	18	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:	Date of onse
8. Trade, profes	ssion, or particular	T		A IA	
SAWYER,	vork done, as SPINNER, BDOKKEEPER, atc	Jaru	····	Tecesal Soficeme	1
9. Industry or work was	business in which s done, as SILK MILL, .L, BANK, etc				
Date decases	ad last worked at AM	I I. Total	time (vaars)	V	
this occup	pation (month and	Z sp	time (yaars) ent In this cupation		
melatan may be	Hams	an Tra	ar,	Other Cantributory Causes of Importance:	
2. BIRTHPLACE (cit (Stata or coun		-18	_	July of an Awdin	
1	8 0)		Different A VIVI	
	1/	· wy		Will he be a sign	7/1-1/2
14. BIRTHPLACE (State or		1	2		of appli
	1	200 + 1	-0	Whet test confirmad diagnosis?	
15. MAIDEN NAI	WIE Russey	Malah	3	23. If daath was due to external causes (VIOL ENCE) fill in also the folio	wing:
16. BIRTHPLACE		and de o		Accidant, saicide, or homicide	P. 7, 19.5.
and the state of t				Where dld injury occur? (Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
7. INFORMANT	7/	4	n	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL			,,(,	Mannar of Injury Auch 2 Word	Lu Jours
Place De	ker's been.	Date Ka	1.26 1937	Nature of injury	
9. UNDERTAKER	Leasy Tarris	in to	nal	24. Wes disaase or injury In any way related to occupation of deceased	, yes
	24 , 1937 Char	The same	Y 5.1	If so, specify (Signed) A Machine	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage DEC 4	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			OWNERSO

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Harlord	For Albana Natio	Registration Dist. No. 181
Village or City Season Length of residence In city or town whare det	9/	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Pay (a) Residence: No.	J. Dean	If U. S. Veteran, specify WAR
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rupic the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	0	22. I HEREBY CERTIFY That I attended deceased from 9, 1937, to 2007, 1937
7. AGE Years Months 27	Days If LESS than 1 day, hrs. or min.	I last saw h aliva on 1937; death is said to have occurred on the data stated above, at 4:209, m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	The Farm 11. Total tima (years) spent in this occupation 7.3	Other Contributory Causes of importance:
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 7. Marchael (city or town)	Diracia Deen min	Name of operation
(State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT THE CANADAM ACCOUNTRY)	Dingenia Virginia Virginia Virginia	What test confirmed diagnosis? Specific Was there an autopsy? A 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury
18. BURIAL, CREMATION, OR REMOVAL Place Carantery constant	Oate 12 1237	Manner of injury
19. UNDERTAKER Sensy Jan (Address) 20. FILED Nov. 10, 1837	Light mil	24. Was disease or injury in any way related to occupation of daceased? If so, spacify (Signed)

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Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state ORD. Every item of inforof OCCUPA-PHYSICIANS should Exact statement CTLY. classified. stated EXA certificate. properly plnods LAUSE OF DEATH in plain terms, so that it may See instructions on supplied. lation should be carefully FION is very important. WRITE

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9250
	Registration Dist. No. /S. Ward death occurred in a hospital finstitution, give its NAME instead of street and number) // ds. How long In 0. S. If of foreign birth? yrs. mos. ds.
2. FULL NAMEU Iliam Shet (a) Residence: No Oberden Mass (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	21. DATE OF DEATH (Month) (Day) (Yaar) 22. DEATH (April 1 attended deceased from 1937, 10 10 10 10 1937
6. DATE OF BIRTH (month, day, and year) ale 6-1858	I lest saw hull elive on Nov 8, 19.3 7; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEPPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAB MILL, BANK, etc 1D. Date dacassad last worked at this occupetion (month and year) 12. BIRTHPLACE (city or town) (State or fountry)	Other Contributory Causes of Importance:
~ 1	

FATHER 14. BIRTHPLACE (city or town). (State of counter) MOTHER

16, BIRTHPLACE (city or town (State or country

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL

19. UNDERTAKER (Addrass)

If so, specify (Signad)

What test confirmed diagnosis?_

Where did injury occur?____

Accident, sulcide, or homicide?_____

If death was due to external causes (VIOLENCE) fill in also the following:

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballingee, Requesting V. S. No. 1.

Registrar.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 4 131	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BINEAU V. S. J		, , , , , , , , , , , , , , , , , , , ,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

2. FULL NAME (a) Residence: No. (b) Clumbiples of Shock) PERSONAL AND STATISTICAL PARTICULARS (b) Clumbiples of Shock) (c) Shock of Colors of Death (d) Residence: No. (d) Residenc	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City. Village or City. Village or City. Village or City. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred. 20 yrs. Length of residence in city or town where death occurred in a horizontal property was an expectation. 20 yrs. Length of residence in city or town and State. PERSONAL AND STATISTICAL PARTICULARS 1. SEX. Length of residence in city or town and State. PERSONAL AND STATISTICAL PARTICULARS 1. SEX. Length of residence in city or town and State. PERSONAL AND STATISTICAL PARTICULARS 1. SEX. Length of residence in city or town and State. MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 22. Latter of DEATH Length of town of DEATH and residence deceased from (Month) Length of Company of Length o	1. PLACE OF PEATH	(170)
Length of residence in city or town where death occurred. 20. yrs	County barford	
Length of residence in city or town where death occurred. All, 175. 2. FULL NAME (a) Residence: No	Village or City Celverdeen Q. F. 8.	
2. FULL NAME (a) Residence: No Belling and shools St., Ward. If nonnerident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED Marie the word) So. III. Married, widowed, or divorced (Woods and or divorced developed on the state of the state	Length of residence in city or town where death occurred 20 yrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
(a) Residence: No. CUasplace of block) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORED Curric the word) 5. If married, widowed, or divorced (Womith) (Gay) 193 (1 000	
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ON DYGRED (emirc the word) So. It married, widowed, or divorced ILLESS than F. DATE OF BIRTH (month, day, and year) Married, Widowed, or divorced ILLESS than J. Tade, profession, or, perticular SAWFER, BOOKREER, etc. J. Industry to business in which SAW MILL, BANK, etc. J. Industry to business in which SAW MILL, BANK, etc. J. Industry to business in which SAW MILL, BANK, etc. J. Tade to recognity J. J. MARRIED, Will, BANK, etc. J. Tade to recognity J. J. MARRIED, Company J. J. MARRIED, Company J. J. Married, profession, or, perticular J. J. Married, profession, or, perticular J. Married, which will, saw which J. J. Married, profession, or, perticular J. Married, profession, or, per		
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OR DIVORCED (write the word) So. II married, vidowed, or divorced HUSBAND of Cee) ### EBBY CERTIFY That I stynded deceased from 1997 F. DATE OF BIRTH (month, day, and year) ### Days ### It LESS than 1 flay, his, have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to do work done; as SPINNER, SANYER, BOOKKEEPER, etc. ### Industry or business in which is said to do work done; as SPINNER, SANYER, BOOKKEEPER, etc. ### Trade, profession, gir perticular which is said to do work done; as SPINNER, SANYER, BOOKKEEPER, etc. ### SANYER, BOOKKEEPER, etc. ### Industry or business in which with the profession of the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred on the date steled above, at 1, 20, 1, m. ### Trade, profession, gir perticular which is said to have occurred to the date steled above, at 1, 20, 1		
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19. UNDERTAKER Servey Square Stones (Address) 24. Was disease or Injury In any way related to occupation of deceased? No. 16 so, specify (Signed) (Address) (Address) (Address) (Address)	Place Spesitia Cemetypate M. C. 2 - 1927.	
20. FILEO Nov 77, 19 7 O Conclude (Signed) Chelles & Standing (Address) Chelles & Chel		24. Was disease or Injury In any way related to occupation of deceased?
	20. FILEO Nov 27, 1967 O Comchail	(Signed) Villed Villando

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		107-0	1861
County Harton		Registration Dist. No	101
Village or CityClercles		No. (If death occurred in a horpital or institution, give its NAME instead of a osds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Queling	1. Fax	If U. S. Veteran, specify WAR	
(a) Residence: No. Yel. Ca	(Usual place of abode)	St., Ward. If nonresident give city or	
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (rurite tha word)	21. DATE OF DEATH (Month) (Day)	, 193.7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of		22. HEREBY CERTIFY, That, I	11
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than I dey,hrs	to have occurred on tha date stated abova, at 6100 G.m.	19.3. 7.; death is said
8. Trade profession or particular	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importa ware as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Hone	Browelspremma	7~1,19
work was done, as SILK MILL, SAW MILL, BANK, etc			
0 10. Date deceased last worked et this occupation (month and year)	II. Totel tima (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Cher	eden ,	Other Contributory Causes of Importance;	
(Stata or country)	Hargland -	malnestration	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Timore	Name of operation	
15. MAIDEN NAME Seed C.	Biles	23. If death was due to external ceuses (VIOLENCE) fill in elso tha	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	releen 1	Accidant, suicide, or homicide? Date of Injur	y, 19
17. INFORMANT M. John H. C. (Address)	Fal mil	Where did Injury occur? (Specify city or town, count Specify whether injury occurred in INDUSTRY, in HOME, or in Pt	y and State) JBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place MAY Calvey Levely	Dete Mr. 5	Menner of injury	
19. UNDERTAKER Sterry Jan. (Address)	den mit.	24. Was disease or injury in any way related to occupation of dace	ased?
//	- 1		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Combal have and a separate of the separate of	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 201-161			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

S. No.

1994

OI DEA) I	11001
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Registration		0 /
ution, give its NAMI	E instead of street	and number)
of foreign birth?	yrs	mosds.
, specify WAR		/
		V
It nonresident	give city or tow	
2	. OF BEAT	-
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(Month)	(Day)	(Yeer)
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ted ebove, et 6.0	o y m	; death Is said
TH end related caus	ses of Importance	
/ 1		Date of onsst
ruel	the	
portance:		
	Oate	e of
	Wes the	re an autopsy///
auses (VIOL ENCE) fi	ill In also the fol	llowing:
	Date of Injury	, 19
(Specify city or in INDUSTRY, In HO	r town, county ar	nd State)
in INDUSTRY, In HO	OME, or In PUBL	IC PLACE.
wey related to occup		1200
4.4		7. /
of leave	sur C	STOVEN HO
ndel	1111	

Registrar.

(Address)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH County And Arrive		Registration Dist. No.	82
Village or City Hall	////	NDSt death occurred in a hospital or institution, give its NAME instead of street	
2. FULL NAME (a) Residence: No.	h occurred yes from	If U. S. Veteran, specify WAR	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICATION OF MACE 15.	SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEAT	н
Truale While	OR DIVORCED (write the word)	(Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Parker	Jayes.	22. I HEREBY CERTIFY, That I alter	nded deceased fro
6. DATE OF BIRTH (month, day, and year)	r. 18, 1905	I last saw h alive on	; death is sa
7. AGE Years Months 3/	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	we Wife	D. A. i. a. i.	- Date of one
work wes done, as SILK MILL, SAW MILL, BANK, etc.		Tulmonary Inbirculesis	
0 10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	d. Cor Wel.	Other Contributory Causes of importance:	
II 13. NAME	Claylow		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	of Co: mel.	Name of operation Date Whet test confirmed diagnosis? Was ther	of
15. MAIDEN NAME	Haulsibe	23. If death was due to external causes (VIOLENCE) fill in also the foll	
16. BIRTHPLACE (city or town)	, p	Accident, suicide, or homicide? Date of injury	, 19
2 (State or country) 17, INFORMANTS Earles	Hayes,	Where did injury occur? (Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	d State)
(Address) Fallsto	would.		
18. BURIAL, CREMATION, DR REMOVAL Place of Manual Constitution of the Constitution of	Date 21.00 8, 193	Manner of injury	
19. UNDERTAKEN LIGHTLEN Y	Loss	24. Was disease or injury in any way releted to occupation of deceased	d7. 100
20 EUED NOV 6 10 37 NE 16	ichardion	(Signed) Maney	
20. FILED 13.23	Registrar,	(Address) Cerm man	· Mi

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN 1 6 1 7 0 6, 1 8 1 1 (86)

D. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement INFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. See instructions on back of certificate. AGE should be pe TION is very important.

MARGIN RESERVED FOR BINDING

V. S. No. 1

AUSE OF DEATH in plain terms, so that it may nation should be carefully supplied. -WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-2
County Harford	Registration Dist. No. 184
Village Warlington Mg	death occurred in a hospital or institution, give its NAME instead of street and number)
1	death occurred the anopher of institution, give its 14-14-14-12 instead of street and number/
2. FULL NAME Even P. Still	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE 5, SMOLE, MARRIED, WIDOWED,	21. DATE OF DEATH 74
Male Colored Married	(Month) (Day) (Year)
5e. If married, wheread, as diverced HUSBAND of	22I_HEREBY CERTIFY, That i ettended deceased, from
Bywould Star	16 0 2 1 1037 to Mar 25 1937
6. DATE OF BIRTH (month, day, and year) Warst 7 1873	I last saw have alive on 25, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc.	To head I all and
kind of work done, as SPINNER, dabour SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at Nov 11. Total time (years) 12. Seen Lighting (years)	ander nek ly
SAW MILL, BANK, etc	Pullen tree: 1
this occupation (month and 1937 spent in this year)	
12 arlinaton	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	7,7,70
E 13. NAME Edward Hill	
13. NAME Educard Free 14. BIRTHPLACE (city or town)	Name of operation
(Stete of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Whella gribling	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unelia Preducy 16. BIRTHPLACE (city or town) Harford Cr. (State or coupley)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, couply and State)
17. INFORMANT WY AND CONTROL (Address) Darlington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, SAGMATTON, OR REMOVAL	Manner of injury Fallery Vell.
Place Novia 193/ Date Hosamia	Neture of injury. above
19. UNDERTAKER H. S. Bailey	24. Was disease or injury in any way related to occupation of deceased?
(Address) Darlington Mill	if so, specify
20, FILED NOV. 26, 1937 M. A. Kirk	(Signed) Thursday M.
Registrar.	(Address) Darlettylew MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

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	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUKEAU	July 5, 1927	Peritonitis	3 days ago
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Varford	CERTIFICATE OF DEATH
0 11	Registration Dist. No. 180
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME They Washing	ore Shusou stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wall white the word)	16 DATE OF DEATH W 9 , 1984
6 DATE OF BIRTH Ohr 3, 1863	HEREBY CERTIFY, That I attended the deceased from 1937. to 1937.
(Month) (Day) (Year)	that I last saw h alive on 1920 4
7 AGE If LESS than I dayhrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
yrs. / mos. 6 ds. or min.? 8 OCCUPATION (a) Trade, profession or	Mihas Orgungulation
particular kind of work 700 uuug	
(b) General nature of industry business, or establishment in which employed or (employer)	Morris (Duration) July Tetral de.
9 BIRTHPLACE (State or country) Hare level	Contributory Secondary Dury 1000 Lyrs mos ds.
FATHER FLU COM Johnson	(Signed) Well of the M. D. MV9 1957 (Address) 429 ELOTON
OF FATHER (State or country) Mary land	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER TOUGH Leylor	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mus Fro Shutas	Former or usual residence
(Address) John	Afring don. Co. Im Wal 12 1932
15 Filed Mar 10 1937 6 mily of Shipley	20 UNDERTAKER ADDRESS Loward K malama Above goden mo
I VERY	r, 16 W. Ssratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) tetanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid—probably suicide. The nature of the injury, diseases resulting from cbildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1. PLACE OF DEATH	953
County Harford	Registration Dist. No. 184
Village or City Cardill	No. St., War
Length of residence in city or town where death occurred. 2 Lyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Dy John H. Jo	hnson
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	
M White OR DIVORCED (write that	
5a. If marriad, widowed, or divorced HUSBAND of	The second secon
(or) WIFE of Catherine Johnson	22. I HEREBY CERTIFY, That I attended deceased from 26. 26. 1937, to 201, 9 1937
6. DATE OF BIRTH (month, day, and year) Que 7 185	O I last saw h sin alive on Ned 9, 19.3-7; death is sal
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, ap
87 3 1 day,	in. wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Branic heart of Dato of onest
SAWYER, BOOKKEEPER, etc.	n gangrene of fort
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Judustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this recursion (month and	Tel A - A
10. Date deceased last worked at this occupation (month and spent in this	
year) AM Rosser occupation _ de	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) Burghamplon.	Other Countries of miportance.
(State or country) m.q.	
13. NAME Leonard Johnson 14. BIRTHPLACE (city or town) Chester	
14. BIRTHPLACE (city or town) Charles (Stata or country)	Name of oparation Date of
	What tast confirmed diagnosis? Was there an autopsy?
The state of the s	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
7. INFORMANT Joseph Johnson,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cortill Md.	Specify whether injury occurred in INDUSTRY, IN HOME, OF IN POBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	3 Manner of injury
Place State Magu Date 10712, 19	Natura of Injury
19. UNDERTAKER The bent of Horkers	24. Was disease or Injury in any way related to occupation of daceased?
(Address) Della Ja.	If so, specify
20. FILED MOV. 11-1937 Ja. J. S. Mchall-	(Signed) At Mrthus M. D
Regist If more blanks are needed address State Re	gistrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing dcath. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis pro 6 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

n of infor-	ould state	OCCUPA-	
PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	,
NT RECO	LY. PH	. Exact	
RMANE	XACT	classified	d'
S IS A PE	stated E	properly	certificate
THIS	d be	y be	k of
G INK	GE should	hat it ma	ns on bac
INFADIN	pplied. A	erms, so t	instruction
WITH L	refully su	in plain t	ant. See
PLAINLY,	ould be car	F DEATH	very important. See instructions on back of certificate.

TION is

STATE OF MARYLAND	CERTIFICATE OF DEATH			
1. PLACE OF DEATH				
County Harford,	Registration Dist. No. 182			
	nosignation bist. No.			
	No. St., Ward death popured in a hospital or institution, give its NAME instead of street and number)			
Length of residence in city or town where death occurred				
Man La Para				
2. FULL NAME (My) Cura lun	If U. S. Veteran, specify WAR.			
(a) Residence: No. Accord ave.	St., Ward.			
(Usudi place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH			
T W. Widow	(Month) (Day) (Year)			
5e. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Huster S. /Ulm	122 I HEREBY CERTIFY. That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) Juhl 73, 1869	I last saw her alive on Dov. 17, 1937, death is said			
7. AGE Years Months Deys If LESS than	to have occurred on the dete stated ebove, at			
68 1 77 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estations:			
8 Trade profession or particular	Date otonset			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	unt mittal line and			
9. Industry or business in which	William William			
work wes done, as SILK MILL, Www. SAW MILL, BANK, etc.	muy cury			
10. Date deceased last worked at 11. Total time (years) spent in this				
o this occupation (month end 1, 134 spent in this 50 occupation				
Ho. Allia	Other Contributory Causes of importance:			
12. BIRTHPLACE (city or town) (State or country)	(wrous aprillo 173)			
13. NAME Carow Secret				
14, BIRTHPLACE (city or town) Leading	Name of operation			
(State of country)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME Elmina Schaeffer 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:			
16. BIRTHPLACE (city or town) Peading	Accident, suicide, or homicide? Date of injury 19			
(State or country)	Where did injury occur?			
mis Cy Carley	(Specify city or town, county and State)			
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Sul Cut Turk	Marine Alabam			
Place Charles Covans Conty MN 22, 19 37	Menner of injury			
1100 (3) (1000)	Nature of injury			
19. UNDERTAKER Dean and Itsler	24. Wes disease or injury in eny way related to occupation of deceased?			
(Address) Belan Mid	if so, specify			
More 20 STNER Land	(Signed) M.D.			

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	38.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11 2 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage W.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	946		
County Sayford	Registration Dist. No. 154		
Village or City Cardy	No. St., Ward		
	f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds		
2. FULL NAME Harry F Hilbur			
(a) Residence: No.	St. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH		
" While Widowed	(Month) (Dey) (Year)		
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from		
(or) WIFE of Storence Kelburn	1 HEREBY CERTIFY, That t attended decessed from		
6. DATE OF BIRTH (month, day, end year) Apr 2/ 1858.	I last saw hours alive on Nov. 16 19.3.7: death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 2 Am.		
79 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of Importance		
8. Trade profession or particular	were as follows: Date of one et		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month and continuous properties of the second in this			
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc	V		
11. Total time (years) this occupation (month and peak Reserve occupation and peak Reserve occupation and Reserve	fraction		
1 + 0	Other Contributary Causes of Importance:		
12. BIRTHPLACE (city or town) ancaster Co. (State or country)			
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
To fore i and will			
14. BIRTHPLACY(city or town) (State or country)	Name of operation		
	What test confirmed diagnosis? Was there an autopsy?		
E Harrison Lagra	23. If death was due to external causes (VIOLENCE) fill in also the following:		
Stete or country)	Accident, suicide, or homicide?		
Wilder Killyan	(Specify city or town, county and State)		
17. INFORMANT Auda (Address) Caralle Mo.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place 111 G1 Avel Dete 100 1/3-, 1937	Nature of injury		
19. UNDERTAKER I Molect P. Harkins	24. Was disease or injury in any way releted to occupetion of deceased?		
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	If so, specify G. Mrthur		
20. FILEO 115. 19.37 20 Sinc Male Registrar.	(Signed) M. D (Address Oarloff My		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	SEAUE	run	LOUITER	DIMINITINI	DI	IIIISICIAN

X	ITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	SE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
כיז	NT RECO	LY. PI	d. Exact	
IARGIN RESERVED FOR BINDING	ERMANE	EXACT	y classifie	4
FOR	SISAP	e stated	e properl	Frantifica
SERVEI	NK-THI	q plnoys	it may be	on hook of
IN RE	ADING I	ed. AGE	s, so that	minetions
TAR	TH UNF	lly supplic	plain term	Coo inch
	E PLAINLY, WI	should be careful	OF DEATH in p	is vary important Con instructions on had of continuato
	T	E	SI	p. in

1. PLACE OF DEATH	(4)(2)
County Harford	Registration Dist. No. 184
Village or City Whileford	No. St. Ward
(If Length of residence In city or town where death occurred 20 yrs,	death occurred in a horpital or institution, give its NAME instead of street and number)
91/ / m	The state of the s
2. FULL NAME WILLIAM XJ.	gaucien.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFEFOF Evelyn L M Fadden	22. I HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 18 1866	I last faw hair aliva on Non 15- , 19.3.7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 900 Pm.
7/ 2 2 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and ralated ceuses of Importance wega as follows:
Z Trede, profession, or particular	Carrison of rustum Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	bladder intoline & liver
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date deceesed last worked et, this occupation (month and 193) year) 11. Totel time (years) spent in this occupation	Greenary coreinomal of rections Culson.
12. BIRTHPLACE (city or town) Harford Co. (State or country)	Othar Contributory Causes of importanca:
E SI I	
(State or country)	Neme of operation
15. MAIDEN NAME of mises to Idones	What tast confirmed diagnosis? Was there en eu'opsy?
E R M. I	23. If daath was dua to external causas (VIOLENCE) fill In also tha following: Accident, suicida, or homicide?
O 16. BIRTHPLACE (city or town). State or country) Md	Whare did injury occur?
17. INFORMANT Aufo Parison	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place My J Lto. Date 1/07 19 19	Neture of injury
19. UNDERTAKER Stufent Harbers (Addrass)	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED 9 (015 18, 1937 18 J. J. D. C. Malle Registras.	(Signad) A. G. J. J. J. M. D. (Addrass) A. D.
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Legales All V. Seal		•	
and another special sp			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12002
1. PLACE OF DEATH /	939
County Harlord	Registration Dist. No.
Village or City Oberdeen	No. St. Ward
, Q 💸 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Jackson Town Micha	If U. S. Veteran, specify WAR
(a) Residence: No. My Royal (Www)	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nov- 16
male wall married	(Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of	22 HEREBY CERTIFY, That attended deceased from
(Or) WIFE OF Clara Movent Michael	non-16, 1937 10 hon 16 1937
6. DATE OF BIRTH (month, day, and year) (Oct 18 - 186,5	I last saw home beautigo him 16 , 1937; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, atm.
72, 29 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and refated causes of importence were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and	
3. Industry or business in which work was done as SUK MILL	death, a
work was done, as SILK MILL, SAW MILL, BANK, etc.	caused dealle
	heart decease.
year) / ov / d occupation w/ 90	Other Contributory Chases of importence
12. BIRTHPLACE (city or town) / Challs ville	Caldiar Mirrowoods
(State or country) Harford Co-ML	
13. NAME Clos ge Wichael 14. BIRTHPLACE (city or town) 1. Michaels ville	
	Name of operation Oete of
(State or country)	What test confirmed diagnosis? Hestony Cucles there an autopsy?
15. MAIDEN NAME Cusa Thompson	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Aug. Clara Money Muchael (Address) Cheracen Tend	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Laure Constitute 18:1937	Nature of Injury
19. UNDERTAKER Sterning Jaming Stones	24. Was disease or injury in any way plated to occupation of deceased 7000
(Address) Cherdon md	If so, specify
now 18 thy (Ob Michael	(Signed) Way July WO.
20. FILED CO. 1967 Registrar.	(Address) Cludden MW,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Secretaria de la constantia del constantia de la constantia de la constantia della constantia della constant	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

Registration Dist. No. 182
NoSt.,Ward
ds. How long in U.S. if ot toreign birth?yrsmosds.
If U. S. Veteran, specify WAR
St., Ward. If nonresident give city or town and State
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH // (Month) (Day) (Veer)
22. I HEREBY CERTIFY. That I attended deceased from 19.21, to 19.21
to have occurred on the date stated above, at 130 Pm.
The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance were established: Worse of Secretary - Curs - Short. Date of onset
of abdomen.
Other Contributory Causes of Importance:
Neme of operation Mone Date of Date of
What test confirmed diagnosis? Was there an autopsy?
23. It deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Green deent. Date of Injury 1011, 19.37
Specity whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Manner of Injury June accidents toplated. Nature of injury Fanctisting wound of obdoming.
24. Wes disease or Injury In any way related to occupation of deceased? If a set specify Dank guard
(Signed) M. D. (Address) M. D.
(Address)

Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 3 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
BUREAU	1 9		
And the second s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

11				
101				
1831				

FOR BINDING

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

12004

1. PLACE OF DEATH	947)
County It are ford	Registration Dist. No. 182
Village or City Fallson	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its IAAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds,
	Ker.
(a) Residence: Np. Jallston rud	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 30
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (or) WIFE OF And M. M. DOCKET	1 HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, day, end year) The c- H - 1861	I last saw be elive on 2000, 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.3.m.
76 N 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Date of officer
SAWYER, BDOKKEEPER, etc.	Po mara Orolini litely
A. Treade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and	MINICAN CE CAMBION (720/8)
year) occupation	Dther Contributory Causes importance:
12. BIRTHPLACE (city or town) 3day 80rd 0	
E SI O O O	
4. BIRTHPLACE (city or town) Start Ford (Stete or country)	Name of operation Dete of
	What test confirmed diagnosis? Was there en eulopsy?
16. BIRTHPLACE (city or town) It an ford co	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
E (Stete or country)	Where did Injury occur?
17. INFORMANT Raumon & Archer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) fall stood wid	
18. BURIAL, CREMATION, DR REMOVAL Place Serwsall Mal Chridate 12 2 1931	Manner of injury
Place Der w Sall III Date 1140 19 21	Neture of injury
19. UNDERTAKER Wy Creher	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED Dac 1 , 1937 lesquia Chambers	(Signed) ff (Signed).

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 уеат	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Harford	Registration Dist. No.
Village or City Celudian	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2- // 2/ /.	
2. FULL NAME Mr. John Caschinst	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH γ , 27
Male White OR DIVORCED (write the word)	(Month) (Dev) (Year)
5a. If marriad, widowed, or divorced	(Month) (Oey) (Year)
HUSBAND OF Mrs. Hannah Clichwith	22. I HEREBY CERTIFY. That I attanded decaased from
- 4	Last sawh i M aliva on Novelst 1937 death is said
7. AGE Yaars Months Oays If LESS than	final and the same of the same
1 dayhrs.	to have occurred on the data stated ebova, at 4.2.4.5m. Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows: Cerebral hemorrhage Date of onset
kind of work dona, as SPINNER, Blacksmith	hemiplegia (right side) Oct.
Sindustry or business in which	mitral insufficiency 507
work was dona, as SILK MILL, SAW MILL, BANK, atc	hypertension
10. Oata decaasad last workad at many this occupation (month and 1925) spart in this 3 973	chronic diffuse nephritis
B Of:	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) The Mary Level (State or country)	
13. NAME Valentins Olschinaky	
13. NAME Valentins Olschinsky 14. BIRTHPLACE (city or town)	Name of operation None Date of
(Stata or country) Column	What test confirmed diagnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME Frederica Winterland	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Frederica Winterlains	Accidant, suicida, or homicida? Data of Injury, 19
(Stata or country) Lermany	Where did injury occur?
17. INFORMANT Mus. Harrich Clashinghy (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Dakey Constep Oata Nov. 41 1, 1937	Nature of Injury
19. UNDERTAKER Benry James	24. Was disaase or injury in any way related to occupation of dacaased?
(Addrass) Allegagen med	If so, specify
20 FILED Nov. 2 1937 Q.C. Mieliail	(Signad) Thom P. Illian M. D.
Registrar.	(Address)Ahardaan 11d

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
II BUREAU Y.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

NDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-)
FOR I	S IS A P	stated	properly	certificat
AARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	supplied. AGE should be	in terms, so that it may be	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, WITH	mation should be carefully	CAUSE OF DEATH in pla	TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12006
1. PLACE OF DEATH	947
County) Saltard	Registration Dist. No. 184
Village or City of Orheleford	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Sand a Reynals	Lo
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR-DUWORCED (write the word)	21. DATE OF DEATH
Mill Pull Obidower	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBANO of (or) WHFE of AMAGINATION REPORTS (Or) WHFE of	1 HEREBY CERTIFY, That I attended daceased from
6. DATE OF BERTH (month, day, and year) While 3 1862	Viast saw h. 1 Ma alive on 2007.12 1937 : death is said
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, et
75 7 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8 Trade profession or particular	Coronary Thrombosis Date of onest 1935
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Dete decaased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation coupation.	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 77 antrod bouly Mdi	
13. NAME Rufin le Regnalds	
	Nama of operation. Oate of
(State or country) / (PULLULA COUNTY MIL	What test confirmed diegnosis? Was there an autopsy? ??
15. MAIDEN NAME Martura Communica.	23. If daath was due to external ceuses (VIOLENCE) fill In also tha following:
(State or coughty) A avisted louds Md.	Accident, suicide, or homicide?
17. INFORMANT JUSEPH Reynalds	Whare did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Put vernaull one nor 16 19637	Mannar of injury
0-1. 22	Natura of injury
19. UNDERTAKER ATHULT HOTHER (Addrass) Della Pai	24. Was disease or injury in any way related to occupation of daceased?
20. FILEO 201-16. 1937 26. J. B. MCNable Registrar.	(Signed) Clau C. Smith M. D. (Address) Sella a.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

ARGIN RESERVED

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0120

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. -WRITE PL

V. S. No. 1 N. B.—

1. PLACE OF DEATH	<u> </u>
County Safrord	Registration Dist. No. 18
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Edna May Shires	If U. S. Veteran, specify WAR
(a) Residence: No. Short (Uaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (worff: the word)	21. DATE OF DEATH 5 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY Inat I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 5 th 1937	I last saw h. Saturdon !! () ; deeth Is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Stell Born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still Bon
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) allerdan Ref &	Other Contributory Causes of Importance:
I 13. NAME JALIAN Shines	
13. NAME ALISH Shirtes 14. BIRTHPLACE (city or town) Charles Congression	Neme of operation Date of
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Malded Mukyshu 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
(Address)	Specify whether injury occurred in INDUSTRI, IN HUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mr. Calvary Contypore Nov. 6 1, 19.27	Menner of injuryNature of injury
19. UNDERTAKER Senty Janing Jons (Address) Churchen Md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CON. 6, 19 By Olo Mechael Registrar.	(Signed) . Stelle (M.D. (Address) . A Grand Grand Grand M.D.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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WEAU Y. S.	1 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address Sta

Word

al		
-	St., Ward. If nonresident give city or town and State	
	MEDICAL CERTIFICATE OF DEATH	
D,	21. DATE OF DEATHY	
d)	100, 3 193 7	1
	(Month) (Day) (Year	(1
	22. A HEREBY CERTIFY Thet, I attended deceased	fro
-	Gree 20 1936, to 160 5 19	30
6	I last saw h in alive on Nov. 5 1931 deeth is	se
an	to heve occurred on the dete sleled above, at 10 P. m.	
_hrs.		
	word extollows: Date of Joan Date of	0086
	mountain fear	-7-
	194	9
	13acellary syrenery July 13	3,0
	manche Americania not 2	2/
	Other Contributory Causes of Importance:	-
	Other continues of imperation	
	Name of operation Dete of	
	Name of operation Dete of Whet test confirmed diegnosis? Wes there an autopsy?	u
****		u
****	Whet test confirmed diegnosis? Wes there an autopsy?	
	Whet test confirmed diegnosis? Wes there an autopsy?	
	Whet test confirmed diegnosis? Wes there an autopsy?	
	Whet test confirmed diegnosis? Wes there an autopsy?	
	Whet test confirmed diegnosis? Wes there an autopsy?	
3 >	Whet test confirmed diegnosis? Wes there an autopsy?	
3>	Whet test confirmed diegnosis? Wes there an autopsy?	
37	Whet test confirmed diegnosis? Wes there an autopsy?	
3.>	Whet test confirmed diegnosis? Wes there an autopsy?	
3>	Whet test confirmed diegnosis? Wes there an autopsy?	

V. S. No. 1

FOR BINDING

MARGIN RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy-	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100			
	2		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County Narford	Registration Dist. No. 165
Village or City Haute de Grace Ha	africtal St., Ward
(If Length of residence in city of town where death occurred	dath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME HELLYOW Smith	
(a) Residence: Not everywase That	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Not. 3
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Thory Swith	22. NOV 2 1937 to WOW 3 1937
6. DATE OF BIRTH (month, day, end year) June 10 1874	I lest saw humalive on Woo 3 , 1937; death is seid
7. AGE Years Months Deys If LESS than 1 day,	to heve occurred on the date steted above, atm.
4 d3 ormin.	The PRINCIPAL CAUSE OF DEATH end releted Couses of Importance were of oldows:
8. Trede, profession, or perticuler kind of work done, as SPINNER, January SAWYER, BOOKKEEPER, etc.	huong nikhrilis
3 Industry or business in which	CIMIA REGUNGIALIDA
work was done, as SILK MILL, SAW MILL, BANK, etc	- LAWK I Soft Complete Soft
11. Total time (years) this occupation (month and spent in this	<u> </u>
yeer) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) 1200 (State or country)	
1 13. NAME Aluree Suith	
7000	Neme of operation
(State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME / Kartha Williams	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury19
(State or country) / Naryland	Where did injury occur?
17. INFORMANT Mr. Jucal & Smith (Address) Surgionan mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Concley 4-5	Menner of injury
Place Union Ma & 1 Date Mar, 6 , 1927	Neture of injury
19. UNDERTAKER Genry Jarring Long	24. Was disease or injury in any way related to occupation of deceased?
(Address) Philipage 724	If so, specify
20. FILED Nov. 5 , 1937 Charles & Joley Th. S. Registrar.	(Signed) M. D.
Kegistrar.	(Address) - CARCE CLIN CARE THAT

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE stated EXACTLY. AGE should be

MARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. tion should be carefully supplied. WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	413
County Harford	Registration Dist. No.
Village or City Ptickon	No. St., Ward
(lif	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James & Steer	If U. S. Veteran, specify WAR
(a) Residence: No./	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) White Married OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Vaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Addie P Stein	22. Sep + 29 1932 to 23 1937
6. DATE OF BIRTH (month, day, and year) Sent 30 1861	I last saw harm alive on Two 3 3 1937; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the data stated above, at 2 m.
7/ / 2.7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causas of Importance
- Na. Trade, profassion, or particular	were as follows:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Paga
A Hade, Polassing, or particular to the work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and spent in this scenation).	
10. Data daceased last worked at this occupation (month and spent in this	
year) occupation occupation	Other Castributary Causes of importance:
12. BIRTHPLACE (city or town) Adaptace (State or country)	
13 NAME	
14. BIRTHPLACE (III) or town)	No. of a self-self-self-self-self-self-self-self-
4 14. BIRTHPLACE (fit or town) 4 (State or country) 4 mmany.	Name of operetion Oate of What test confirmed diagnosis? A ROM Was there an autopsy?
15. MAIDEN NAME Mary Q. Harrer	What test confirmed diegnosis? \(\sigma = 0 \) \(\sigma
Ξ	Accident, sulcida, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Oville Stein (Address)	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of injury
Planting Oate 9 or 25, 1007	Neture of Injury
19. UNDERTAKER Hulet P. Harbis.	24. Was disease or injury in any way related to occupation of deceased?
(Addiass)	If so, specify
20. FILED Nov 24, 193/ NE Kichardson	(Signad) Wellard P. Hiller M. D.
1 Registrar.	(Address) FNLS Like new

V. S. No. 1

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Example	e I		Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ma 9 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEAL Y.	July5,1927	Peritonitis	3 days ago
L.				
Other contributory causes of imp	portance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

STATE OF MADVI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	100	82-0	
County Harford		Registration Dist. No	84
Village or City Bel C	ea	No. St., f death occurred in a hospital or institution, give its NAME instead of street r	War
Length of residence in city or town where	deeth occurredyrs/_/ mos	s. How long in U.S. if of foreign birth?	and number) mos. d
	1- 1		
(a) Residence: No.		If U. S. Veteran, specify WAR	
(a) Residence. No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Н
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193.7
5a. If merried, widowed, or divorced HUSBAND of	0		(1001)
(or) WIFE of	Brown	22. I HEREBY CERTIFY, That I often	ded deceased fro
6. DATE OF BIRTII (month, dey, end yeer)	01054	5.00100	192
7. AGE Years Months	Days I If LESS then	to heve occurred on the date steted above, at	; death is sa
80 -	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trede, profession, or perticular	1 ormin.	Verebral Kemerlinge	Date of one
SAWYER, BOOKKEEPER, etc	Edinia		040.
9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	5		0
9. industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	a 11, Total time (years)		
this occupetion (month and on work	Marin spent in this per occupation	h.	
	700	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town)			
I 13. NAME Benja	heeks		
(State or couptry)	ma	Neme of operation	
IS. MAIDEN NAME	411	Whet test confirmed diegnosis? Was there 23. If death wes due to externel ceuses (VIOLENCE) fill In elso the follo-	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Dete of Injury	
(State or country)	mel.	Where did Injury occur?	13
17. INFORMANT	1 / 1	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
(Address)	to do		FERUE.
18. BURIAL, CREMATION, OR REMOVAL	1 0 11 10	Menner of Injury	
Plecostativille	Date 111/2 1937	Nature of injury	
19. UNDERTAKED	1 Heth	24. Was disease or injury in any way related to occupation of deceased? If so, specify	Tes
20. FILED 2000/2, 1927)-	1 0 d 2000 31 00	(Signed) Willard P. Kud	Ser "

AGE should be stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT REC

mation should be carefully supplied.

-WRITE PL.

V. S. No. 1

MARGIN RESERVED FOR BINDING

D. Every item of infor-

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Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURGAU V. 3	July 5,1927	Peritonitis	3 days ago
	Appear of the control			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2013
1. PLACE OF DEATH	(93-7)	0
County of Narlord	Registration Dist. No. 18	2_
Village Scity Dal (Cur)	NoSt.,	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and as sds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Claudet & Mild	ASOMI U. S. Veteran, specify WAR	
(a) Residence: No. Bell Quid Management (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193
58. If merried, widowed, or divorced HUSBANO of (or) WIFE of mma 1. Miller	22. 1 HEREBY CERTIFY, Thet I attended d	
6. DATE OF BIRTH (month, day, and year) (lucy W -188	I lest sew h. don. alive on nov 23 - 1937	; death is seld
7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	were as follows:	Oata of onset
8. Treda, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Generalized arterist scleros	years
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decaased last worked et this occuration (month end	Pelicarditio on arteriol celeralizations	1 work
10. Oate decaased last worked et this occupation (month end year)		
12. BIRTHPLACE (city or town) Maryland (Steta or country)	Other Contributory Canses of importance:	
13. NAME ambros Wildason		
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Oate of What test confirmed diegnosis?	utopsy? MC_
15. MAIOEN NAME Jusan Wildason	23. If death was dua to externel ceuses (VIOLENCE) fill in also the following:	
15. MAIOEN NAME WILdagon 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
2 (Steta or opunity) 17. INFORMANT Laggley Mildangs (Address)	Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE,
18. BURIAL, CREMATION, OR REMOVAL PSecond - June 1. Dete 1. 1937 1937	Manner of injury	
19. UNOERTAKER Gonderger + Joseph (Address) Benston md.	24. Was disease or injury in any wey releted to occupation of deceased? 1	<i>*</i>
as man More II will ME / Carpandara	(Signed)	M. D

Registrar.

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Cerebral hemorrhage	DEC 3 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
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- The said	11		
11 DEC . V.	Marie Comment		
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